

Work Order ID 125647
Friday, October 17, 2014 11:41:33 AM

125647

Page 1

Item ID: D3575-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Cargo Floor Protector

Stop

NS2

Start Date: 10/17/2014 Start Qty: 1.00

1

Cust Item ID:

Required Date: 10/24/2014 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan: MWF

Date: 14-10-14

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
100	FLOW WATER JET								
Waterjet									
FLOW CNC Waterjet									
	Memo	0.00							
	TEXTURE SIDE UP								
	1-Cut as per Dwg D3575								
	Dwg Rev: <u>A</u>								
	Prog Rev: <u>A</u>								
	2-Deburr								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110									
QC									
Quality Control	Memo	0.00							

0 DC 14/10/18

PTO →

0 02/10/14/10/18

DQA:

Date: 14/12/08

QA Closed:

Date: 14/12/08



WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order: <u>125647</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. <u>D3575-2</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input checked="" type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
NCR No. <u>14-4344</u>							

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data	14-10-08	100	1	<i>Cut 1 pc from sheet that was all scratches employee didn't see before cut</i>	DAS 16 9-89	<i>Scrap/destroy and replace</i>	DC 14/10/23	38 9-89	DAS 16 9-89
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

Work Order ID 125647
Friday, October 17, 2014 11:41:33 AM

125647

Page 2

Item ID: D3575-2

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Cargo Floor Protector

Stop

NS2

Start Date: 10/17/2014 Start Qty: 1.00

1

Cust Item ID:

Required Date: 10/24/2014 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

120

QC8- Inspect parts - second check

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp
DAS

38

9-89

120

QC

Quality Control

Memo

0.00

①

OCT 23 2014

150

Identify as per dwg & Stock Location: _____

0.00

PL

1
DAS
08
08

OCT 31 2014

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Quality Control

Memo

0.00

14/11/3 AD

① M-10-31

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

FAULT CATEGORY

WIPER GEAR DEFECT				
Landing Gear	General			
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		
			<input type="checkbox"/> Other	

Picklist Print

Friday, October 17, 2014 11:41:32 AM

Page 1

Work Order ID: 125647

125647
D3575-2

Parent Item: D3575-2

Parent Item Name: Cargo Floor Protector

Start Date: 10/17/2014

Required Date: 10/24/2014

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev :A New Issue 07-01-22 EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04		Purchased	No			100	sf	5,606.686	8	10		DC 14/10/2014	

MI FXS 125-F60029-04

GE PLASTICS LEXAN SHEET

	<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
	MAT019	1300.095	
	124866	106	
	m126425	160.925	
	m127934	665	
	m128746	368.17	
	SABIC	2560	
	m130209	2560	
	TPI	1746.59178	
	(m129759)	1746.59178	

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

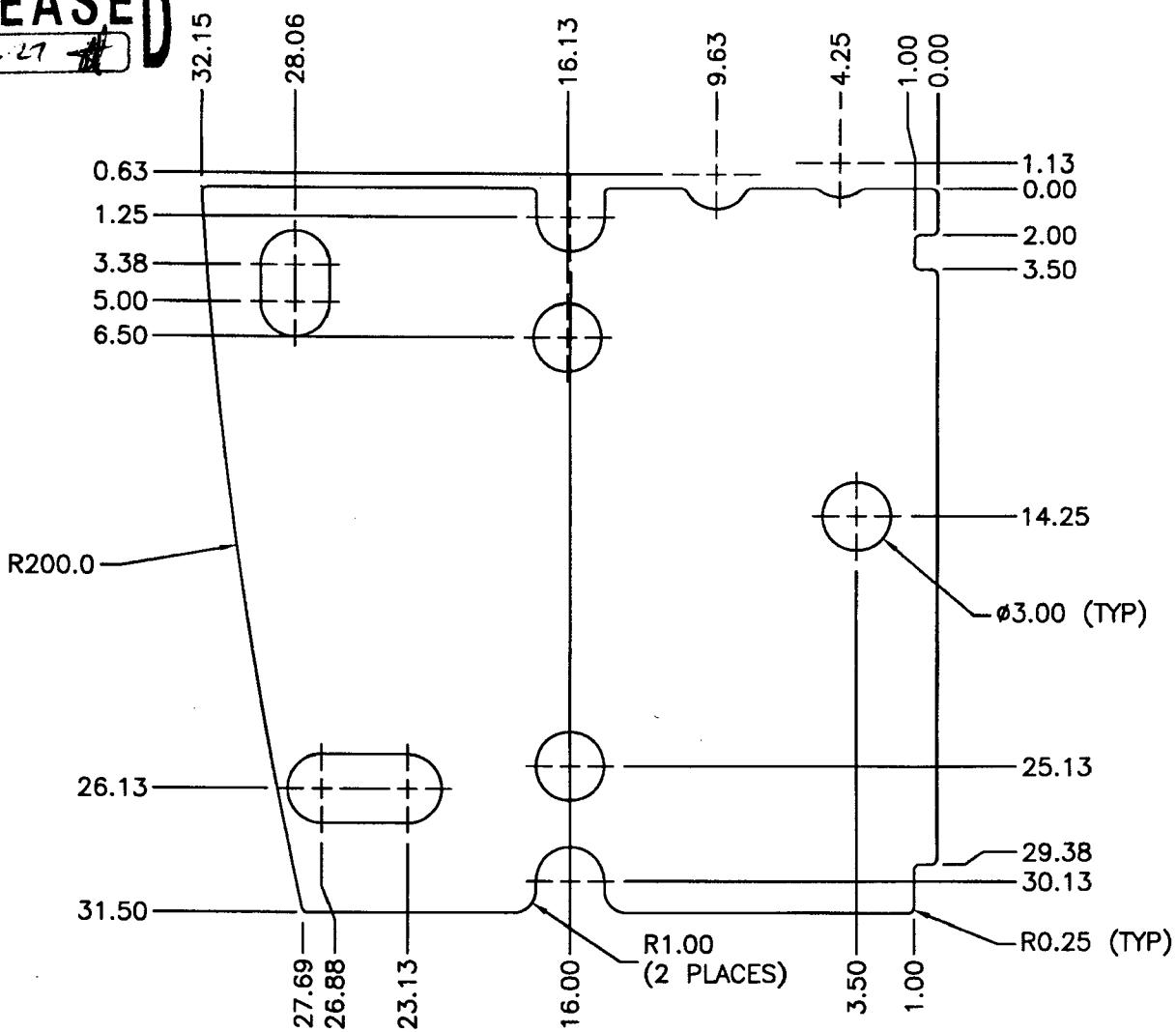
Date:

Work Order update only

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework Scrap Use-as-is Suspected Unapproved	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design										
Doc/Data										
Equip/Tooling										
Handling/Pre										
Material										
Operator										
Offset/Setup										
Process										
Supplier										
Training										
Transport										
Unapproved										
FAULT CATEGORY										
Landing Gear			General							
Bending Centre Not Concentric Cracks Crimp/Kink/Ripple/Wave Cuffs Crushing Heat Treat Inspection Strip in Tube Marks/Chatter Turning Sequence Wave/Twist in Tube			Bend BOM/Route Broken/Damage/Defect Burr Contamination Countersink Cut Too Short Drawing Drill Holes Finish Fit/Function							
			Folio/Program Grain Hardware Inspection Incomplete/Unqualified Instructions Incomplete/Unclear Misaligned/off center Mislabeled Misread Off-set Out of Calibration Out of Sequence							
			Outside Dimensions Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge							
			Pressure/Forced Set-up Temperature/Cure Weld Wrong Stock Pulled Other							

DART

DESIGN <i>CE</i>	DRAWN BY <i>CB</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>CE</i>	APPROVED <i>MM</i>	DRAWING NO. D3575	REV. A	SHEET 1 OF 4
DATE 07.06.08		TITLE CABIN FLOOR PROTECTOR	SCALE 1:8	
A	07.06.08	NEW ISSUE		

RELEASED
07.06.08**D3575-1 CABIN FLOOR PROTECTOR (SHOWN)****D3575-2 CABIN FLOOR PROTECTOR (OPPOSITE)****NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-1/-2" USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8966

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DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
			Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
			Suspected Unapproved	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		<input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Design												
Doc/Data												
Equip/Tooling												
Handling/Pre												
Material												
Operator												
Offset/Setup												
Process												
Supplier												
Training												
Transport												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function								
				<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence								
				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge								
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								
				<input type="checkbox"/> Other								

DART AEROSPACE LTD		Work Order:
Description: Cabin Floor Protector	Part Number:	D3575-2
Inspection Dwg: D3575	Rev: A	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

First Article Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø3.00	+0.006/-0.001	3.00	✓			
1.00	+/-0.030	1.00	✓			
3.50	+/-0.030	3.50	✓			
16.00	+/-0.030	16.00	✓			
23.13	+/-0.030	23.13	✓			
26.88	+/-0.030	26.88	✓			
27.69	+/-0.030	27.69	✓			
4.25	+/-0.030	4.25	✓			
9.63	+/-0.030	9.63	✓			
16.13	+/-0.030	16.13	✓			
28.06	+/-0.030	28.06	✓			
32.15	+/-0.030	32.15	✓			
2.00	+/-0.030	2.00	✓			
3.50	+/-0.030	3.50	✓			
14.25	+/-0.030	14.25	✓			
25.13	+/-0.030	25.13	✓			
29.38	+/-0.030	29.38	✓			
30.13	+/-0.030	30.13	✓			
1.25	+/-0.030	1.25	✓			
3.38	+/-0.030	3.38	✓			
5.00	+/-0.030	5.00	✓			
6.50	+/-0.030	6.50	✓			
26.13	+/-0.030	26.13	✓			
31.50	+/-0.030	31.50	DAS			

Measured by:	De /EL/
Date:	14/10/18

Audited by:	38 9-89
Date:	OCT 23 2014

Prototype Approval:	N/A
Date:	N/A

Rev	Date	Change	Revised by	Approved
A	08.02.29	New Issue	KJ/DD	JK

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other				